Risk Identifier					Risk Description				Risk Scoring						Risk Action Plan				
							Inherent Risk			Current Risk						Target Risk			
Risk ID	Domain	Date added	Lead Executive	Directorate (if applicable)	Risk Description (There is a risk that)	Cause (This will be caused by)	Effect (The impact will be)	Likelihood	Impact	Risk level	Key Controls	Likelihood	Risk level	Trend	Risk Decision	Action Plan	Status of Action	Likelihood Impact Risk level	
207	Quality		Director for NHS Quality Improvement and Patient Safety, Improvement Cymru	Corporate	Health Wales will fail to	This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation	The impact will be noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.	4	4	16	1. Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation 2. Commissioned an external provider to support PHW in implementation of the Quality as an Organisational Strategy methodology 3. Establishment of SRO Group for the Duty of Quality to prepare for and support the implementation of the Duty across PHW 4. Implementation plan for PHW with identified leads for each theme 5. Executive representation (Exec Dir of QNAHP's) on the WG Duty of Qualities and Candour Implementation Board 6. Senior representation on the WG Duty of Quality Implementation Group 7. Quarterly reporting to BET and QSIC 8. Highlight Reports presented to WG Board 9. Welsh Government issued minimum requirements as an implementation roadmap 10. Continued involvement in revising guidance and developing education materials 11. Developed coaching support to be provided by I&I Hub for improvement projects	4 4	16	*	Treat	accordance with PHW governance process Commissioning: All commissioning arrangements incorporate DoQ Inrequirements Hosting arrangements: All hosting arrangements incorporate DoQ Inrequirements Quality Standards: A clear understanding of changes required to existing quality infrastructure and agreed programme of work to align with Quality Standards 2023 Quality Standards: Quality infrastructure clearly aligned to Quality Standards 2023 Quality Standards: Routinely monitored, system-wide Inuderstanding of what good quality looks like for the broad range of services. Quality Management System (General) - Quality Management System road map agreed and implemented Governance and accountability structures - Board are assured that DoQ is being considered across system	n progress		
1531	Operational		National Director of Data, Knowledge and Research	Knowledge and Research	will fail to exploit data to	caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health.	resulting in worse public health outcomes in Wales and increased information governance risk within Public Health Wales	5	4	20	1. Development of research & evaluation and digital & data strategies for Public Health Wales to take drive forward our needs on this area. 2. Developing our data storage, access and linking as part of the Local Data Resource and contributing/interacting with DHCW for other data needs in Health Care. 3. Recruitment into new investment posts progressing quickly to bring in additional skills 4. Ensure we maximise exploitation of our data and information. 5. Quarterly review by Digital Data Design Authority	5 4	20		Treat	Recruitment of key skill sets in Creation of Job Families in Establishment and embedding of the Digital Pipeline - Alpha - Web Estate in - Discovery - Tarian in - Alpha & Beta - Breast Test cohort selection in - Alpha - DESW - Reduce DNA's, Cohort Creation, Diabetes Register in	n progress n progress n progress n progress n progress n progress		
New	Operational			People and Organisation Development	There is a risk that the organisation may not have the capacity or resources necessary to effectively deliver the long-term strategic plan.	This risk arises from a challenging political and financial landscape, which includes staff time being redirected to contribute to the (Covid) public enquiry and an unstable industrial relations climate.	Inability to deliver the long term strategy due to absence of strategic workforce planning.	4	4	16	1. Resource Allocation and Assessment: Assess current resource allocation. Identify gaps between the required resources and what is currently available. Ensure alignment between strategic goals and resource allocation. Adjust resource distribution, as necessary. 2. Capacity Building: Continue to Invest in developing the skills and capabilities of existing staff to handle the strategic plan's demands. 3. Prioritization and Phasing: Evaluate the strategic plan and identify high-priority initiatives. Consider phasing the plan to allow for a gradual rollout, focusing on crucial elements first and postponing or deprioritising less critical components. 4. Scenario Planning: Develop scenarios that account for different levels of resource availability. This will help us be prepared for various resource-related challenges and allow for quick adaptation as circumstances change. 5. Resource Bank: Better utilisation of finances through use of the new Resource Bank to replace agency use and overtime.	3 4	1 12		Treat	Workforce Planning provide a holistic view or our current critical roles with clear plans that include solutions and interventions that will support the delivery of our priorities. Establish a clear vision outlining the function of job families within PHW and their role in supporting critical elements of the People Strategy. Newly appointed Strategic Workforce Planning Lead to work with Directorates and wider POD team to support the development of local workforce plans. Develop an overarching workforce plan which support us to have the right number of roles with the right skills to support effectively delivery of the long terms strategy and people strategy ambitions, ensuring metrics are in place to measure progress. Work with internal and external stakeholders to create an organisational approach to recruitment and selection that supports the ambition outlined in the People Strategy and supports delivery of the long-term strategy. Process Improvement work prioritised Continue on development of ideal organisational culture including our People Promise (Employee Value Proposition). Planning and response to any industrial action supported through our organisational architecture for emergency planning and business continuity, informed by national guidance and support from NHS Wales Employers, to ensure service continuity.		2 4 8	

154:	Patients & Clients	06/07/2023	Director of People and Organisational Development	People and Organisation Development	risk that organizational	performed on the commencement of employment in PHW and are not renewed thereafter. Employees		4 :	3 12	A Training session has been delivered by the DBS regional advisor to recruiting managers. An Algorithm has been developed for recruiting managers to utilise when making staff appointments to ensure that the appropriate level of DBS is requested on appointing staff. Training videos have been developed and advertised on POD's SharePoint. The risk has been discussed at the All Wales Safeguarding Network and will be escalated to Welsh Government to establish the National Picture with regards to the frequency of DBS renewals at an All Wales level.	2 3	6	Tolerate	A DBS audit is to be completed to review the level of DBS check assigned to position numbers in ESR to ensure the correct level of check is undertaken based on current guidance and best practice. The results of the audit will be shared with the safeguarding group and an associated action plan if required post audit	Completed 1	3 3
New	Operational	27/12/2023	Executive Director for Health Protection and Screening Services	Health Protection and Screening Services	There is a risk arising from an ISSUE that changes to alerting processes will mean that PHW stop receiving alerts for emergencies and major incidents (E or MI).	WAST and other partners are not compatible with the current PHW arrangements to receive alerts for E or MI's.	PHW will be not receive alerts for E & MI in a timely manner potentially delaying our response and the provision of public health advice to save lives and reduce harm.		20	Currently PHW has an interim agreement in place with WAST and other partners to continue manually calling PHW. The EPRR team are further supporting this on an informal interim basis with a mechanism to receive the alerts via the new systems. When a message is receipted by the EPRR team, it will be cross checked with the existing alerting process to ensure the details are relayed appropriately.	4 4	16	Treat	The HPSS Directorate Management team agreed to establish a resilient EPRR 24/7 on-call service (13/12/23). The service will be led by the EPRR team and supported by suitably experienced members of staff from the HPSS Directorate. Work to establish the new service will commence with a target completion date on 31/03/24.	In Progress In Progress	
New	Operational	16/11/2023	for Health	Health Protection and Screening Services	There is a risk arising from an ISSUE that the current cameras and IT equipment being used for clinical work in the Diabetic Eye Screening Wales Programme will fail due to asset age and insufficient stock available as back-up equipment.	being used, the majority of which are at least 6 years old. From the 1st January 2024 parts and servicing will no longer be available for cameras.	Clincs will need to be cancelled / not operate if there is insufficient equipment available to use. As cameras begin to fail they will not be able to be repaired and this will increase usage on to available equipment.	4 3	12	Plan and capital funding request submitted to Welsh Government in 2023 aligned with the planned decommission process. (delayed response from WG)	5 4	20	Treat	Screening services has convened a weekly working group, to include representation from finance and procurement. Key areas reviewed as follows 1) timeline preparatory work undertaken with procurements in the event of quick notification of approval 24/25 FY 2) The DESW programme continues to use Carleton on an ad hoc basis in regards to maintenance for the existing cameras 3) communication has been delivered to the operating sites to exercise care with existing camera equipment and to immediately report any issues 4) scoping exercise exploring the option of leasing as a backup option.	In Progress	